

## ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 87Registered No. 23

County Gila State Arizona  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Full name of child Alfonso Guerra, [If child is not yet named, make supplemental report, as directed]

ex 1 If plural { 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth August 20th, 1933  
 e { 5. Number, in order of birth \_\_\_\_\_ Full term X (Month, day, year)

FATHER  
 Name John Guerra

Residence (usual place of abode) Hayden, Arizona  
 If non-resident, give place and State

Sex or race Mex 12. Age at last birthday 25 (Years)

Birthplace (city or place) Christmas,  
 (State or country) Arizona,

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter

Date (month and year) last engaged in this work April, 1933 17. Total time (years) spent in this work 3

Number of children of this mother At time of this birth and including this child: (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

\* stillborn, period of gestation { months \_\_\_\_\_ or weeks \_\_\_\_\_ 28. Cause of stillbirth { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:30 a. m. on the date above stated.  
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or should make this return.

If named added from supplemental report

(Date of) 171-870-523  
 Registrar

(Signed) Charles H. Hurst, M.D. M.D.

Address Hayden, Arizona Midwife

Filed August 23rd, 1933 Registrar